

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7		6				
8		6				
9		6				
10	1					
11		1				
12		1				
13		1				
14		1				
15						
16		6				
17		6				
18		6				
19		6				
20		6				
21		6				
22		6				
23		6				
24		6				
25	1					
26		1				
27		1				
28		1				
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30		1				
31		1				
32		1				
33		1				
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36		1				
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	88	←		←		←
TOTAL CLAIMS	92					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS